

221580

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED

JAN 12 2010

ORS
T, T, W, W, W

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 43 - I

If (this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Carolina Transportation Services

Telephone: 843-230-7698

Address: 4961 Cade Rd.

Fax: 843-389-7705

Cades SC 29518

Other: _____

Email: dlbmcfadden@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

JAN 12 2010

Date: January 11, 2010

CLASS C - CHARTER

ORS
T.T.W.W/W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Carolina Training Transportation Services, LLC

4961 Cade Rd. Cades SC 29618
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-230-7698
Phone

843-389-7705
Fax

dhmcfadden@yahoo.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

LLC - Arthur Stacker - 4961 Cade Rd. Cades SC 29618

- David McFadden - 114 Wilson Buir Blvd. Kingslee SC 29506

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 01 Year 2010

Assets:

Cash	\$ 1,000.00
Receivables	
Real Estate	Ø
Buildings and Equipment (Net)	\$ 2,000.00
Motor Vehicles (Net)	\$ 11,000.00
Garage Equipment (Net)	Ø
Machinery and Tools (Net)	Ø
Supplies on Hand	\$ 100.00
Prepays and Other Assets	Ø
Total Assets	\$ 14,100.00
<u>Liabilities and Equity:</u>	
Accounts Payable	Ø
Notes Payable	Ø
Mortgages Payable	Ø
Equipment Obligations	Ø
Accrued Salaries and Wages	\$ 300.00 per month
Other Accrued Obligations	Ø
Other Liabilities - Insurance	\$ 1,100.00 per month
Total Liabilities	\$ 4,400.00
Capital Stock	Ø
Retained Earnings	Ø
Total Equity	
Total Liabilities and Equity	18,200.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$1.50 .pr. mile

Counties to be Served:

Florence
Marion
Darlington
Williamsburg
Georgetown
Horry

Maximum Number of Passengers per Vehicle: 15 on Chevy Express

7 on other vans

DESCRIPTION OF EQUIPMENT.

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Attached

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

JAMES THOMAS MOSLEY
517 BRIDGE ST
ST MATTHEWS, SC 29135

PROGRESSIVE

Named insured

CAROLINA TRAINING
SERVICES LLC
PO BOX 4961
CADES, SC 29518

Policy number: 05364592-0

Underwritten by:
United Financial Casualty Company
January 26, 2010
Policy Period: Apr 6, 2009 - Apr 6, 2010
Page 1 of 3

progressiveagent.com**Online Service**

Make payments, check billing activity, print
policy documents, or check the status of a
claim.

803-655-5161**JAMES THOMAS MOSLEY**

Contact your agent for personalized service.

800-444-4487

For customer service if your agent is
unavailable or to report a claim.
PO Box 94739
Cleveland, OH 44101

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your coverage has changed

Your coverage began the later of April 6, 2009 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on April 6, 2010 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 2228 (07/05), 1198 (01/04), 2852SC (12/05), 4852SC (08/04), 4757SC (09/04) and 4881SC (10/04).

The named insured organization type is a corporation.

Policy changes effective January 25, 2010

Premium change:	\$0.00
Changes:	The named insured information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Policy number: 05364592-0

CAROLINA TRAINING

Page 2 of 3

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$11,615
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			538
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Medical Payments	\$1,000 each person		211
Comprehensive			344
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			400
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$13,108
South Carolina Uninsured Motorist Fund charge			12
Fees			40
Total 12 month policy premium			\$13,160

Rated drivers

1. MELITA NORWOOD
2. DONALD WASHINGTON
3. JAMES BACKUS
4. ARTHUR DOUGLAS
5. JO ANN DUKES
6. DELORIS MCFADDEN
7. BRITTANY GRAHAM

Auto coverage schedule

1. 2002 Chevrolet Express G3500					Stated Amount:	\$5,300	
VIN: 1GATIG39RX21109010					Garaging Zip Code:	29506	Radius: 50
Liability Premium	Liability	UM	Med Pay				
	\$2,224	\$77	\$47				
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium			Auto Total
	\$500/\$0	\$115	\$500	\$142			\$2,606
2. 1998 Chevrolet Astro Van					Stated Amount:	\$4,100	
VIN: 1GNDM19WXB151418					Garaging Zip Code:	29506	Radius: 50
Liability Premium	Liability	UM	Med Pay				
	\$2,119	\$77	\$38				
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium			Auto Total
	\$500/\$0	\$114	\$500	\$129			\$2,477

Policy number: 05364592-0
 CAROLINA TRAINING
 Page 3 of 3

3.	1994 Chevrolet Cavalier Vt/Rs				Garaging Zip Code:	29506	Radius:	50
VIN:		1G1JC5447R7R72956						
Liability Premium	Liability	UM	Med Pay	Auto Total				
	\$1,413	\$115	\$25	\$1,553				
4.	1994 Ford Explorer				Garaging Zip Code:	29506	Radius:	50
VIN:		1FMDU32X5RUD85462						
Liability Premium	Liability	UM	Med Pay	Auto Total				
	\$1,621	\$115	\$25	\$1,761				
5.	2000 Dodge GR Caravan Se/S				Stated Amount:	\$4,000		
VIN:		2B4GP4430YR722234		Garaging Zip Code:	29506	Radius:	50	
Liability Premium	Liability	UM	Med Pay					
	\$2,119	\$77	\$38					
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total			
	\$500/\$0	\$114	\$500	\$129	\$2,477			
6.	1996 Chrysler Town & Country				Garaging Zip Code:	29506	Radius:	50
VIN:		1C4GP64L8TB211327						
Liability Premium	Liability	UM	Med Pay	Auto Total				
	\$2,119	\$77	\$38	\$2,234				

Premium discount

Policy	Package
05364592-0	

Additional Insured information

1.	Additional Insured	DEPT OF HLT&HLI SRV 2020 HAMPTON ST COLUMBIA, SC 29204
2.	Additional Insured	LOGISTICS CARE SOLI 206 E MCLATYRI MULLINS, SC 29574

Important Cancellation Information

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Form 4790 SC (12/02)

Exhibit FWA

Carolina Transportation Services
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age..

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

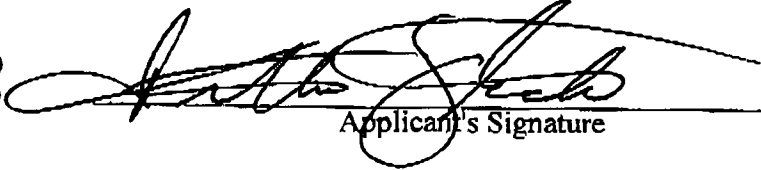
☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)


COUNTY OF _____)


Applicant's Signature

I, Arthur T. Stecker, Executive Director
Name of Applicant's Representative Title

of Carolina Transportation,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME

This 25 day of January, 2016


Notary Public

Commission Expires 1.3.2017

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

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STATE OF SOUTH CAROLINA)

COUNTY OF _____)


Applicant's Signature

I, Arthur T. Stecker, Executive Director
Name of Applicant's Representative Title

of Carolina Transportation,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME

This _____ day of _____, 20____

Notary Public

Commission Expires _____

The State of South Carolina

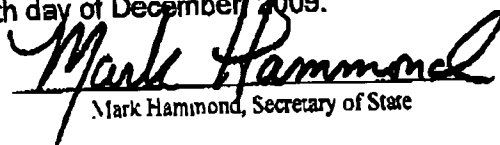
Office of Secretary of State Mark Hammond

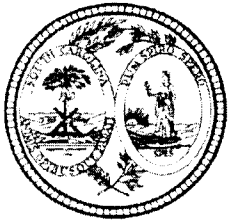
Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CAROLINA TRAINING SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 11th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
11th day of December 2009.


Mark Hammond, Secretary of State



Charles L.A. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

COMMISSIONERS
Elizabeth B. "Lib" Fleming, Fourth District
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vacant, Sixth District
Swain E. Whitfield, At-Large

Docketing Department
Phone: (803) 896-5100
Fax: (803) 896-5199

January 15, 2010

TO: Carolina Training Services, LLC
4961 Cade Road
Cades, South Carolina 29618

FROM: Janice Schmieding, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX Failed to submit Insurance Quote (Form Enclosed)

XXX Failed to Submit Notarized Signature on Page 8

Once you have enclosed the above-mentioned item(s) in order for the Application to be processed, please re-submit the Application to the Public Service Commission of South Carolina, Attn: Docketing Department, Post Office Box 11649, Columbia, South Carolina 29211.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc: Carole Chauvin, Office of Regulatory Staff (via e-mail)

Office DEPOT FAX TRANSMISSION

Taking Care of Business

TO: PSC / Office Regulatory Staff FROM: Carolina Transportation

FAX NUMBER: 863-737-0815

SENDER'S PHONE #: 843-229-7693

DATE: 1/26/10

OF PAGES: 4

CUSTOMER'S NOTES: Please give me a call when you receive this fax

RECEIVED

JAN 26 2010

**ORS
T.T.W.W/W**

OFFICE DEPOT'S TERMS OF USE

SENDER AGREES NOT TO USE THIS FAX TO: (I) TRANSMIT MATERIAL WHOSE TRANSMISSION IS UNLAWFUL, HARASSING, LIBELOUS, ABUSIVE, THREATENING, HARMFUL, VULGAR, OBSCENE, PORNOGRAPHIC OR OTHERWISE OBJECTIONABLE; (II) CREATE A FALSE IDENTITY, OR OTHERWISE ATTEMPT TO MISLEAD OTHERS AS TO THE IDENTITY OF THE SENDER OR THE ORIGIN OF THIS FAX; (III) POST OR TRANSMIT ANY MATERIAL THAT MAY INFRINGE THE COPYRIGHT, TRADE SECRET, OR OTHER RIGHTS OF ANY THIRD PARTY; (IV) VIOLATE ANY FEDERAL, STATE OR LOCAL LAW IN THE LOCATION, OR (V) CONDUCT ACTIVITIES RELATED TO GAMBLING, SWEEPSTAKES, RAFFLES, LOTTERIES, CONTESTS, PONZI SCHEMES OR THE LIKE.

PLEASE NOTE THAT OFFICE DEPOT DOES NOT REVIEW THE CONTENTS OF ANY FAX SENT USING ITS SERVICES. FURTHER, BY SIGNING BELOW THE SENDER OF THIS FAX HEREBY AGREES TO INDEMNIFY OFFICE DEPOT TO THE FULLEST EXTENT OF THE LAW AND FOR ANY AND ALL CLAIMS, SUITS, OR DAMAGES ARISING OUT OF OR IN CONNECTION WITH THE REQUEST TO SEND, OR SENDING THIS FAX.

CUSTOMER SIGNATURE (REQUIRED): _____

STORE INFORMATION

**OFFICE DEPOT #336
1910 WEST EVANS STREET
FLORENCE, SC 29501
PHONE: 843-667-6707
FAX: 843-667-6771**

REC'D
DOCKETING DEPT.

THANK YOU FOR USING OFFICE DEPOT'S CUSTOMER FAX SERVICES

First Page
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833-071

Additional
Local Fax



456-687

First Page
Long Distance Fax



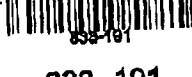
833-081

Additional
Long Distance Fax



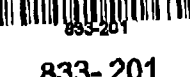
833-091

First Page
International Fax



833-191

Additional
International Fax



833-201